



CHAPTER 13

IRP FORMS AND DOCUMENTS

INSTRUCTIONS FOR COMPLETING SCHEDULE A (FRONT OF FORM)

Type of Application: Mark (X) the box indicating the type of application. Schedule A form is required to be submitted for the following types of applications: Carrier information (demographics) corrections, renewal applications when no preprinted renewal application is received from DMV, or New Carrier or Fleet. Schedule B, mileage report, is required for all new/original, renewal, or add jurisdiction applications.

IRP Account #: When applying for a New Carrier or Fleet IRP account, enter "New". When applying for any other type of activity, enter the previously assigned account number.

Fleet #: Optional, for customer reference only.

Application Year(s): All California IRP accounts expire December 31. If applying for the current year only, mark the box indicating "Current Year Only". **Important:** If you apply for New Carrier or Fleet IRP application or vehicle addition September 15 or later in the current year and intend to register the added vehicle on your fleet for the subsequent year, you must mark the box labeled "Current and Subsequent Year" and submit all IRP fees for both years. Applications submitted October 1 or later will be issued temporary registration that expires December 31 unless subsequent year IRP fees are also submitted with the application.

Enter Effective Date of IRP Registration: Enter the date that interstate operations began. This date should match the effective date entered on Schedule C. Penalties may be due for new carrier or fleet applications or vehicle additions when fees are paid 31 days after the effective date or for renewals submitted with fees after December 31. Refer to the California IRP Handbook for penalty information.

Registrant Name/Legal Name: Enter the legal name of the business or owner/operator.

DBA (if applicable): Enter "doing business as" name.

Business Address: Enter the physical business address where the registrant has an established place of business, maintains operational records of the fleet, and accrues mileage. This must be a physical address located in California and may not be the address of a licensed registration service agent.

City/State/Zip: Enter City, State and Zip Code of the business address.

Mailing Address: Enter mailing address (physical or post office box) where correspondence and credentials are to be mailed. This may be the address of a licensed registration service agent.

City/State/Zip: Enter the City, State, and Zip Code of the mailing address.

Registrant Authorized Employee Name: Enter the name of the owner/operator or employee authorized to act on behalf of the registrant. The employee cannot be a registration service agent or his/her employee.

Daytime Telephone #: Enter the daytime telephone number of the owner/operator or employee contact person.

Fax #: (Optional) Enter the FAX number for the owner/operator or authorized employee.

Email Address: (Optional) Enter the Email address for the owner/operator or authorized employee.

Registration Service Agent Business Name: If the registrant will be represented by a DMV licensed registration service agent, enter the agent's business name.

Registration Service Agent Contact Person(s): Enter the name of the contact person for the registration service agent.

Registration Service Agent Business Address: Enter the registration service agent's business address.

City/State/Zip: Enter the City, State and Zip Code of the registration service agent's business address.

Registration Service Agent Mailing Address: Enter the registration service agent's mailing or post office box address.

City/State/Zip: Enter the City, State and Zip Code of the registration service agent's mailing address.

Registration Service Agent Telephone #: Enter the telephone number of the registration service agent.

Registration Service Agent FAX #: (Optional) Enter the FAX number for the registration service agent.

DMV Occupational License Number and Expiration Date: Enter the registration service agent's DMV Occupational License (OL) Number and expiration date.

Email Address: (Optional) Enter the registration service agent's email address.

IFTA #: Enter the International Fuel Tax Agreement (IFTA) number if the IRP registrant files fuel taxes.

CA Motor Carrier Permit (CA#): (Optional) Enter the California Motor Carrier Permit Number issued by DMV if you also operate in intrastate commerce.

FHWA (ICC) MC or MX Number: Motor carriers operating "for hire" must be issued a registration certificate from the Federal Motor Carrier Safety Administration (formerly FHWA/ICC). Enter your federal motor carrier number when applicable.

Instructions continued on the back of this form.

INSTRUCTIONS FOR COMPLETING SCHEDULE A (FRONT OF FORM)

USDOT (Carrier) #: Enter the carrier's US Department of Transportation (USDOT) number.

USDOT (Fleet) #: Enter the carrier's US Department of Transportation (USDOT) number.

Taxpayer ID (FEIN or SSN) #: Enter the registrant's taxpayer identification number (FEIN or SSN).

Signature: Signature of the person responsible for the safe operation of the vehicle.

Signature (Declaration): The registrant must sign under penalty of perjury.

Registration Service Agent Authorization: The Registrant and authorized Registration Service Agent (if applicable) must sign the application.

Type of Operations: Mark (X) all boxes that pertain to your business under PVT – Private Carrier or A – All.

Complete for New Carrier or Fleet IRP Applications Only: All applicants for New Carrier or Fleet IRP Account must answer the three questions shown in this portion of the form. **1)** Mark (X) this box YES if your fleet and/or vehicles have history of prior IRP registration in another jurisdiction within the past 24 months. **2)** Mark (X) this box YES if your fleet and/or vehicles have any history of prior California IRP registration. If YES, provide the previous California IRP account number. **3)** Mark (X) this box YES if the vehicles being registered on the application have operated in interstate commerce under alternative permit registration within the past 24 months.

INSTRUCTIONS FOR COMPLETING SCHEDULE B MILEAGE REPORT (BACK OF FORM)

IMPORTANT: REVIEW THE REQUIREMENTS FOR REPORTING ACTUAL AND ESTIMATED MILEAGE IN CHAPTER 3, "FLEET DISTANCE AND OPERATIONAL WEIGHT REQUIREMENTS" OF THE CALIFORNIA IRP CUSTOMER HANDBOOK BEFORE COMPLETING THIS MILEAGE SCHEDULE!

Type of Application: Mark (X) the box to indicate the type of application being submitted.

IRP Account Number: When applying as New Carrier or Fleet IRP account, enter "New". When applying for any other type of activity, enter the previously assigned account number.

Fleet Number: Enter Fleet number.

Registrant Name: Enter the registrant's name as reported on the Schedule A portion of the application.

Jurisdiction: You must mark (X) the box in front of each jurisdiction where you want to qualify your fleet for IRP operation/registration. If a jurisdiction box is marked, mileage (actual or estimated) must be entered in the related mileage box by the customer or registration service agent.

EST: This box must be checked if the mileage entered in the mileage box has been estimated.

Mileage: Estimated or actual miles must be entered by the customer or registration service agent for all jurisdictions where the fleet will be qualified for IRP operation/registration.

Total Actual Miles: Enter total actual miles reported for all jurisdictions.

Total Estimated Miles: Enter total estimated miles for all jurisdictions.

Grand Total Mileages: Enter combined total of all miles (actual and estimated) for all jurisdiction.

Explain How Mileage was Estimated: Provide explanation of estimated miles or submit supporting documentation.



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CALIFORNIA IRP VEHICLE DATA- SCHEDULE A/B

Type of Application: ☐ Carrier Information Correction(s) ☐ Add Jurisdiction

☐ Renewal: Use this form only if no renewal notice was received from DMV. Complete all fields of information. Schedule C form must also be submitted.

☐ New Carrier ☐ New Fleet: Complete all fields of information except IRP Account Number to be assigned by DMV. Schedule C must be attached.

IRP ACCOUNT #	FLEET #	APPLICATION YEAR (S)	<input type="checkbox"/> CURRENT YEAR ONLY <input type="checkbox"/> OR <input type="checkbox"/> CURRENT AND SUBSEQUENT YEAR	ENTER EFFECTIVE DATE OF IRP REGISTRATION ____/____/____
REGISTRANT NAME/LEGAL NAME			DBA (IF APPLICABLE)	
BUSINESS ADDRESS (MUST BE A CA PHYSICAL LOCATION):			CITY/STATE/ZIP CODE	
MAILING ADDRESS (REGISTRANT)			CITY/STATE/ZIP CODE	
REGISTRANT AUTHORIZED EMPLOYEE NAME	DAYTIME TELEPHONE #	FAX # E-MAIL ADDRESS		
REGISTRATION SERVICE AGENT BUSINESS NAME	REGISTRATION SERVICE AGENT BUSINESS ADDRESS	CITY/STATE/ZIP CODE		
REGISTRATION SERVICE AGENT CONTACT PERSON(S)	REGISTRATION SERVICE AGENT MAILING ADDRESS	CITY/STATE/ZIP CODE		
REGISTRATION SERVICE AGENT TELEPHONE #	REGISTRATION SERVICE AGENT FAX #	DMV OCCUPATIONAL LICENSE #	EXPIRATION DATE	E-MAIL ADDRESS

GOVERNMENT AUTHORITY NUMBERS	TYPE OF OPERATIONS	TO BE COMPLETED FOR ORIGINAL IRP APPLICATIONS ONLY:
IFTA # _____ CA Motor Carrier Permit (CA #) _____ FHWA (ICC) MC or MX # _____ *US DOT (Carrier) # _____ *US DOT (Fleet) # _____ *Taxpayer ID (FEIN or SSN) # _____ *Pursuant to Section 8100 of the California Vehicle Code, applications for apportioned registration must contain both the US DOT and a Taxpayer Identification Number (either Federal Employer Identification Number or Social Security Number) for the person responsible for the safe operation of the vehicle being registered.	("X" that are applicable) <input type="checkbox"/> PVT - Private Carrier <input type="checkbox"/> FHE - For Hire Exempt <input type="checkbox"/> FOR - For Hire <input type="checkbox"/> FHR - For Hire Rental <input type="checkbox"/> COM - Common Carrier <input type="checkbox"/> CON - Contract Carrier <input type="checkbox"/> A - ALL <input type="checkbox"/> E - Exempt <input type="checkbox"/> H - Household Goods <input type="checkbox"/> L - Logs <input type="checkbox"/> P - Passengers	1) Does this fleet and/or vehicles have any history of prior IRP registration in another jurisdiction within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes indicate State _____ and Year _____ 2) Does this fleet and/or vehicles have any history of prior California IRP registration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes show CA IRP Acct # _____ Registrant Name: _____ 3) Have the vehicles registered in this application been operated in interstate commerce under alternative permit registration within the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes indicate states of travel: _____

I, _____, certify that I am familiar with the Federal Motor Safety Regulations and/or the Federal Hazardous Materials Regulations.

SIGNATURE _____ DATE _____
SIGNATURE OF REGISTRANT _____ DATE _____

Declaration: I certify (or declare) under penalty of perjury; under the laws of the State of California that the foregoing entered on both sides of this form is true and correct.

SIGNATURE _____ TITLE _____ DATE _____
SIGNATURE OF AUTHORIZED REGISTRATION SERVICE AGENT _____ DATE _____



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CALIFORNIA IRP VEHICLE DATA- SCHEDULE A/B

TYPE OF APPLICATION: ☐ New Carrier ☐ New Fleet ☐ Renewal ☐ Add Jurisdiction ☐ Amended by Request of DMV

IRP ACCOUNT #	FLEET #	IRP LICENSE YEAR: Month _____ Year _____	to Month _____ Year _____	REGISTRANT NAME
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INSTRUCTIONS:

- Enter mileage for the period July 1 through June immediately prior to the year of registration.
- Enter an X in the box in front of each jurisdiction for which you are applying for IRP operating authority.
- Enter an X in the "Est" column for any jurisdiction mileage which has been estimated and give a full explanation of how the miles were estimated.

	Jurisdiction	Est	Mileage	Jurisdiction	Est	Mileage	Jurisdiction	Est	Mileage
<input type="checkbox"/> AL	Alabama (I)		<input type="checkbox"/> MD	Maryland (I)		<input type="checkbox"/> OK	Oklahoma (I)		
<input type="checkbox"/> AB	Alberta (I)		<input type="checkbox"/> MA	Massachusetts (I)		<input type="checkbox"/> ON	Ontario (I)		
<input type="checkbox"/> AZ	Arizona (I)		<input type="checkbox"/> MX	Mexico		<input type="checkbox"/> OR	Oregon (I)		
<input type="checkbox"/> AR	Arkansas (I)		<input type="checkbox"/> MI	Michigan (I)		<input type="checkbox"/> PA	Pennsylvania (I)		
<input type="checkbox"/> BC	Brit. Columbia (I)		<input type="checkbox"/> MN	Minnesota (I)		<input type="checkbox"/> PE	Prince Ed. Is. (I)		
<input type="checkbox"/> CA	California (I)		<input type="checkbox"/> MS	Mississippi (I)		<input type="checkbox"/> QC	Quebec (I)		
<input type="checkbox"/> CO	Colorado (I)		<input type="checkbox"/> MO	Missouri (I)		<input type="checkbox"/> RI	Rhode Island (I)		
<input type="checkbox"/> CT	Connecticut (I)		<input type="checkbox"/> MT	Montana (I)		<input type="checkbox"/> SK	Saskatchewan (I)		
<input type="checkbox"/> DE	Delaware (I)		<input type="checkbox"/> NE	Nebraska (I)		<input type="checkbox"/> SC	S. Carolina (I)		
<input type="checkbox"/> DC	Dist. Columbia (I)		<input type="checkbox"/> NV	Nevada (I)		<input type="checkbox"/> SD	S. Dakota (I)		
<input type="checkbox"/> FL	Florida (I)		<input type="checkbox"/> NF	Newfoundland (I)		<input type="checkbox"/> TN	Tennessee (I)		
<input type="checkbox"/> GA	Georgia (I)		<input type="checkbox"/> NB	New Brunswick (I)		<input type="checkbox"/> TX	Texas (I)		
<input type="checkbox"/> ID	Idaho (I)		<input type="checkbox"/> NH	New Hampshire (I)		<input type="checkbox"/> UT	Utah (I)		
<input type="checkbox"/> IL	Illinois (I)		<input type="checkbox"/> NJ	New Jersey (I)		<input type="checkbox"/> VT	Vermont (I)		
<input type="checkbox"/> IN	Indiana (I)		<input type="checkbox"/> NM	New Mexico (I)		<input type="checkbox"/> VA	Virginia (I)		
<input type="checkbox"/> IA	Iowa (I)		<input type="checkbox"/> NY	New York (I)		<input type="checkbox"/> WA	Washington (I)		
<input type="checkbox"/> KS	Kansas (I)		<input type="checkbox"/> NC	North Carolina (I)		<input type="checkbox"/> WV	West Virginia (I)		
<input type="checkbox"/> KY	Kentucky (I)		<input type="checkbox"/> ND	North Dakota (I)		<input type="checkbox"/> WI	Wisconsin (I)		
<input type="checkbox"/> LA	Louisiana (I)		<input type="checkbox"/> NT	NW Territories		<input type="checkbox"/> WY	Wyoming		
<input type="checkbox"/> ME	Maine (I)		<input type="checkbox"/> NS	Nova Scotia (I)					
<input type="checkbox"/> MB	Manitoba (I)		<input type="checkbox"/> OH	Ohio (I)					
EXPLAIN HOW MILEAGE WAS ESTIMATED									
Total Actual Miles									
Total Estimated Miles									
Grand Total Mileages									



INSTRUCTIONS FOR COMPLETING SCHEDULE C

TYPE OF APPLICATION: Mark (X) all the box(es) in the upper left of the form that are relevant to the application.

IRP ACCOUNT #: When applying for a New Carrier or Fleet IRP account, enter "New". When applying for any other type of activity, enter the previously assigned account number.

FLEET #: Enter Fleet number.

EFFECTIVE DATE OF IRP OPERATION: Enter the date that interstate operation of the vehicle(s) began or the date that new jurisdictions of travel are needed or weight changes occur. Penalties may be due for original applications or vehicle additions when fees are paid 31 days after the effective date or for renewals submitted with fees after December 31. Refer to the California IRP Handbook for penalty information.

APPLICATION YEAR(S): All California IRP accounts expire December 31. If applying for the current year only, mark the box indicating "Current Year Only". **IMPORTANT:** If you apply for new/original IRP application or vehicle additions September 15 or later in the current year and intend to register the added vehicle on your fleet for the subsequent year, you must mark (X) the box labeled "Current and Subsequent Year" and deposit IRP fees for both years. Applications submitted October 1 or later will be issued temporary registration that expires December 31 unless subsequent year IRP fees are also deposited with the application. When applying for new/original IRP registration for both the current and subsequent years, two separate Schedule B mileage reports must be submitted with the application and each must be clearly marked to indicate the license year of the mileage report.

FULL REGISTRANT NAME: Enter the full IRP registrant name as it appears on an accompanying Schedule A or as previously reported to DMV.

USDOT NUMBERS: Enter the US DOT Number

DMV OCCUPATIONAL LICENSE NUMBER: If the application has been prepared by an authorized Registration Service Agent the DMV assigned Occupational License Number of the agent must be reported in this space.

DECLARED JURISDICTIONAL WEIGHTS: If the vehicle(s) listed will be operated in all jurisdictions of travel at 80,000 lbs. G/CGW, mark (X) the box labeled "80,000 lbs. All Jurisdictions" and make no other entries. If the vehicle(s) will travel at 80,000 G/CGW in all jurisdictions with an exception weight in one or more jurisdictions, mark (X) the box indicating "80,000 lbs. all jurisdictions except as shown below" and enter the exception weights in the appropriate state box(es). If all vehicles will operate with an identical custom weight value, mark (X) the third box that states "Identical weights for all vehicles listed as shown below except vehicles (X) indicated in Column 1 and entered on the reverse" show the common weight on the front and if any vehicles will deviate from the common weight mark (X) the box in column 1 and enter the equipment number and deviation weights on the reverse of the form.

1. **USDOT NUMBERS:** *Enter the USDOT Numbers for the person responsible for the safe operation of the vehicle being registered.*
2. **WGT EXCEPT:** Mark (X) this box next to any vehicle that requires custom operating weight values from those entered in the declared jurisdictional weight section and enter the equipment number and custom weight on the reverse of the form.
3. **ACTION D=DELETE A=ADD:** Enter a "D" for vehicles being deleted or an "A" for vehicles being added. Complete only columns 2, 6, 7, 8, 9, and 10 for vehicles being deleted or when applying for replacement plates, stickers, or cab cards. When deleting and adding vehicles concurrently where weight fee credits are requested, list the delete vehicle first with the added vehicle below it. Important: The license plates, stickers, and cab cards must be surrendered with the application when reporting vehicle deletions. Weight fee credits will not be allowed unless all deleted vehicle credentials are surrendered with the application.
4. **REPLACEMENT EQUIPMENT #:** When requesting replacement vehicle weight fee credits enter the equipment number of the added vehicle in this column (the added vehicle must be listed below the deleted vehicle it replaces.)
5. **NEW IRP LICENSE NUMBER:** For DMV Use Only
6. **PRIOR JURIS.:** If the vehicle was last registered in a foreign jurisdiction enter the abbreviation for that foreign jurisdiction.

7. **PRIOR LICENSE PLATE NO:** If the listed vehicle was previously registered in California or any other jurisdiction indicate the prior license plate number.
8. **EQUIPMENT NO:** Enter your assigned vehicle equipment number. Equipment numbers must be seven numeric and alphabetic digits or less. Slashes (/), dashes (-), or any other non-numeric/alpha characters cannot be recorded.
9. **YEAR MODEL:** Enter the year model of the vehicle.
10. **FULL VEHICLE IDENTIFICATION NUMBER:** Enter the full Vehicle Identification Number. 17 digit numbers are issued for all vehicles manufactured in 1981 or later and all 17 digits must be entered.
11. **MAKE:** Enter the make of the vehicle. Use the following common make abbreviations or enter the full make name. CHEV, FORD, FRGHT (Freightliner), GMC, INTL (International), KENWO (Kenworth), MACK, PETRB (Peterbilt), VOLVO, WHITE, WFTLN (White-Freightliner)
12. **BODY TYPE:** Enter the two digit body type code according to the following abbreviations: TT = Truck Tractor, TR = tractor, TK = single truck, BS = bus, PU = pickup, WK = wrecker, RT = road tractor, TX = taxi. Refer to Chapter 14, Descriptive Vehicle Guide, in the IRP customer handbook for body configuration descriptions, definitions, and pictures.
13. **VEHICLE AXLES:** Enter the number of axles of the vehicle.
14. **MAXIMUM COMBINED AXLES:** If registering your fleet in the province of Quebec, Canada, you must indicate the maximum possible number of axles that will be used in the combination of power/trailer vehicles.
15. **BUS SEATS:** Enter the total number of seats, including the driver's seat for busses.
16. **FUEL:** Enter one of the following fuel codes: G = gas, D = Diesel, P = Propane
17. **CA WEIGHT INDICATOR:** Indicate one of the following weight operational codes for the vehicle: **U** = power vehicles operated at 10,000 lbs. or less gross/Combined Gross Vehicle Weight, **G** = Non-towing power vehicles operated at 10,001 or more gross vehicle weight, **C** = Power vehicles operating in conjunction with trailers operated at 10,001 or more combined gross vehicle weight.
18. **UNLADEN WEIGHT:** Enter the unladen (empty) weight of the vehicle. Unladen weight must be reported for all vehicles regardless of their operational configuration.
19. **CA GVW OR CGW:** Enter the highest gross or combined gross weight that the vehicle will be operated in California.
20. **FACTORY LIST PRICE:** Enter the factory list price. This is required information for the IRP fee computation. The IRP System will retrieve the factory price from the Factory Price table, if you fail to provide the factory list price. The table is accessed using the vehicle year, number of axles and body style.
21. **LATEST PURCHASE PRICE:** Enter the purchase price to the current owner. Purchase price must include any trade-in value given for a used trade-in vehicle, federal excise taxes, destination or shipping charges and all necessary accessories added to the vehicle to make it road ready. Do not include state or local sales or use taxes.
22. **DATE OF PURCHASE:** Enter the date (month/year) the vehicle was purchased by the current owner.
23. **LESSOR NAME AND ADDRESS:** If the vehicle is leased to the IRP registrant by an owner/operator enter the owner/operator name and address.

FEE COMPUTATIONS:

APPORTIONED FEES FOR THE CURRENT YEAR FOR ALL QUALIFIED IRP JURISDICTIONS MUST BE PAID WITH THIS APPLICATION. CUSTOMERS MUST SUBMIT

- **100% OF THE CALIFORNIA FEES** (Calculator is available in the DMV Website @ www.dmv.ca.gov) or
- **\$250 PER MONTH PER VEHICLE** or
- **\$300 PER MONTH PER VEHICLE** (only if Purchase Price is \$200,000 or more)

Enter the equipment number(s) of the vehicles listed on the front of the form in the column headed "Equip #" and then enter the 100% California Weight, Registration, Commercial Motor Vehicle, CTIP, and Vehicle License fees in their respective columns. Indicate totals across and down and complete the calculations in the recap spaces.



A Public Service Agency

CALIFORNIA IRP VEHICLE DATA - SCHEDULE C

TYPE OF APPLICATION - IMPORTANT: Read instructions and code tables on the reverse of this form before completing this schedule. Schedule A/B form must be submitted if any carrier information has changed.

- ☐ **New Carrier or Fleet IRP Application:** Must attach Schedule A/B with full demographics information.
- ☐ **Renewal:** Use this form to list fleet vehicles to be renewed and/or deleted only if no renewal notice was received from DMV. Must attach Schedule A/B Application.
- ☐ **Add Jurisdiction:** Must attach Schedule A/B Application.
- ☐ **Replacement Credentials:** Check type - ☐ License Plate ☐ Cab Card Only ☐ License Sticker(s) Only ☐ Weight Decal ☐ Weight Year Sticker(s) Only
- ☐ **Vehicle Addition(s) Only** ☐ **Vehicle Addition with Replacement** ☐ **Vehicle Deletion(s) Only** ☐ **Vehicle Weight Increase /Decrease**

IRP ACCOUNT #	FLEET #	EFFECTIVE DATE OF IRP OPERATION:	APPLICATION YEAR(S):
FULL REGISTRANT NAME	US DOT NUMBER		DMV OCCUPATIONAL LICENSE NUMBER

DECLARED JURISDICTIONAL WEIGHTS - "X" the following boxes as applicable: o Maximum Weight All Jurisdictions o Maximum weight all jurisdictions except as shown below o Identical weights for all vehicles listed as shown below except vehicles (X) indicated in Column 1 and entered on the reverse of this form.

	AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL	GA	ID	IL
IN	IA	KS	NF	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SC	SK	SD	TN	TX	UT	VA	VT	WA	WA
WV	WI	WY												

1	2	3	4	5	6	7	8	9	10
*US DOT NUMBER (person responsible for the safe operation of the vehicle)	WGT EXCEPT	ACTION D = DELETE A = ADD	REPLACEMENT EQUIPMENT NUMBER	NEW IRP LICENSE NUMBER (DMV Use Only)	PRIOR JURIS.	PRIOR LICENSE PLATE	EQUIP. NUMBER	YEAR MODEL	FULL VEHICLE IDENTIFICATION NUMBER
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								

Continue data for each vehicle listed below

11	12	13	14	15	16	17	18	19	20	21	22	23
MAKE	BODY TYPE	VEHICLE AXLES	MAXIMUM COMBINED AXLES	BUS SEATS	FUEL	CA WEIGHT INDICATOR	UNLADEN WEIGHT	CA GVW OR CGW	FACTORY LIST PRICE	LATEST PURCHASE PRICE	DATE OF PURCHASE	LESSOR NAME AND ADDRESS

DECLARATION: I certify (or declare) under penalty of perjury; under the laws of the State of California that the foregoing entered on both sides of this form is true and correct.

SIGNATURE	TITLE	DATE

*Pursuant to Section 8100 of the California Vehicle Code, applications for apportioned registration must contain the US DOT Number for the safe operation of each vehicle being registered.



CALIFORNIA IRP VEHICLE DATA - SCHEDULE C

Combined Gross Weight Exceptions

Equipment Number:

AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NF	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UT	VT	VA	WA
WV	WI	WY											

Equipment Number:

Equipment Number:

AL	AB	AZ	AR	BC	CA	CO	CT	DE	DC	FL	GA	ID	IL
IN	IA	KS	KY	LA	ME	MB	MD	MA	MI	MN	MS	MO	MT
NE	NV	NF	NB	NH	NJ	NM	NY	NC	ND	NS	OH	OK	ON
OR	PA	PE	QC	RI	SK	SC	SD	TN	TX	UT	VT	VA	WA
WV	WI	WY											

FEES

Equipment Number	CA WEIGHT FEE		CA REG. FEE		CA CVRA FEE		CA CTIP FEE		CA VEH. LIC. FEE		FOREIGN JURISDICTION FEES		TOTAL CA FEES		TOTALS ACROSS	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year		

***IMPORTANT:** A copy of the billing from the registrant or Registration Service Agent's system software that was utilized to calculate fees due for CA and other jurisdictions must be provided with the application before a temporary registration authorization will be issued. Customers that are unable to compute apportioned fees for the foreign jurisdictions must submit 100% California Fees or \$250 per vehicle per month or \$300 per vehicle per month (purchase price of \$200,000 or more).

Applications submitted after October 1 of the current year must be accompanied by fees for the subsequent year if the vehicle(s) registered on this application will continue to be operated in your fleet beyond December 31. Please refer to the IRP Customer Handbook, Chapter 7, for instructions on computing California Fees. You may retrieve the IRP Handbook on the DMV Website at dmv.ca.gov.

- (1) Total 100% California Fees OR
- * (2) 100% CA Fees X CA Mileage Percentage = CA Apportioned Fees + Other Jurisdiction Fee OR
- (3) \$250 per vehicle per month OR
- (4) \$300 per vehicle per month (pur. price is \$200,000 or more)
- IRP Application Fee
- California Credential Fees
- GRAND TOTAL FEE

DMV USE ONLY

Original Applications:	Renewal Applications:	Supplemental Applications	EXP. DATE	
			<input type="checkbox"/> Reg. 2126 Issued	AFFIX DMV DATE STAMP HERE
<ul style="list-style-type: none">Schedule A/B AttachedProof of Business Address Attached (rent/mortgage receipt)Reg. 522 AttachedVIN(S) VerifiedFHVUT Verified or Exemption AttachedClean R60 VIN printoutsUS DOT & TIN Numbers	<ul style="list-style-type: none">Schedule A/B AttachedProof of Insurance AttachedFHVUT Verified or Exemption AttachedAgreement to Maintain Records Attached	<ul style="list-style-type: none">FHVUT Verified or ExemptVIN(S) VerifiedClean R60 VIN printouts		



AGREEMENT TO PREPARE AND MAINTAIN RECORDS IN ACCORDANCE WITH INTERNATIONAL REGISTRATION PLAN AND CALIFORNIA APPORTIONMENT REQUIREMENTS

Any registrant filing an apportioned registration application with California must prepare and maintain operational records to support all distance, purchase price and purchase date information reported on the application. (Note: For vehicles operated at a gross or combined gross vehicle weight of 10,000 pounds or less, certified unladen weight certificates are also required.)

DISTANCE RECORDS: An **Individual Vehicle Distance Record (IVDR)** must be prepared for each trip made by an apportioned power unit. Common IVDRs are the driver's trip reports. These documents are for recording trip and distance information of the individual apportioned vehicles. California requires the following information on an IVDR:

- | | |
|---|---|
| 1. Registrant's name | 7. Route or highway numbers traveled |
| 2. Fleet number (for carriers with multiple fleets) | 8. Beginning and ending odometer/hubodometer readings of the trip |
| 3. Power unit and trailer numbers | 9. Total trip distance traveled |
| 4. Dates of trip (beginning and ending) | 10. Distance traveled by jurisdiction |
| 5. Trip origin and destination | 11. Driver's name or ID |
| 6. Intermediate trip stops | |

In addition to the IVDRs, the registrant must prepare the following summaries:

1. A **monthly summary** that recaps, by equipment number, jurisdiction and fleet, total distance traveled by each apportioned power unit in each jurisdiction during the calendar month, based on the information recorded on the IVDRs.
2. A **quarterly summary** that recaps, by equipment number, jurisdiction and fleet, total distance traveled by the fleet in each jurisdiction during each calendar quarter. This summary cannot be used as a substitute for monthly summaries.
3. A **yearly summary** that recaps, by month/quarter, jurisdiction and fleet, total distance traveled by the fleet in each jurisdiction during the preceding year. The summary must readily support all actual distances reported on Schedule B.

Accountable distance includes interjurisdictional and intrajurisdictional distance, loaded and empty distance, deadhead and/or bobtail distance, off-highway distance, and trip permit distance. All distance accumulated by the power units apportioned in the fleet within the preceding year (July 1 through June 30 preceding the registration year) must be reported as **actual** on the application, regardless of changes in fleet vehicles, base jurisdictions, IRP account numbers, business names, business ownership, and/or business locations. **Estimated distance must not be used for jurisdictions in which the fleet had accumulated actual distance in the preceding year.**

COST RECORDS: Purchase invoices and other acceptable documentation are required to support the reported purchase prices and dates of vehicles apportioned in the fleet. These records must show the full purchase price of the vehicle, including the Federal Excise Tax, destination charge, and the value of any trade-in, additions and modifications.

RECORD RETENTION: Pursuant to Vehicle Code Section 8057, distance records must be retained to support the reported distance for the **current registration year and three previous registration years**; vehicle cost and weight records must be retained for **four years** after the close of the registration year in which the vehicle was deleted. Failure to make records available or provide adequate records for audit may result in an assessment based on an estimation of the fleet's true liability or 100% California fees, plus penalties and/or interest. In addition, no credits or refunds will be allowed for any overpaid jurisdictional fees.

INTERJURISDICTIONAL TRAVEL: Apportioned registration is intended for commercial vehicles that travel in two or more jurisdictions. Vehicles traveling only in one jurisdiction are not eligible for apportionment and are subject to full registration fees.

For detailed recordkeeping and reporting information and requirements, please refer to the **California International Registration Plan (IRP) Customer Handbook**.

DECLARATION: The undersigned has read this document, and agrees to prepare and maintain records and report information in accordance with the IRP and specific California apportioned registration requirements.

REGISTRANT'S NAME		ACCOUNT NUMBER
AUTHORIZED REGISTRANT EMPLOYEE'S NAME (PRINT)	SIGNATURE	TITLE
CITY	STATE	DATE

NOTE: This document must be signed by a corporate officer, owner, partner, or an authorized company employee, not a registration service agent.



COLORADO RENTAL/LEASING DATA FORM



If a rental/leasing company rents vehicles for a period less than 45 days and never travels to Colorado during the registration, these vehicles are not charged apportioned Colorado Ownership Tax.

If vehicles are rented in the State of Colorado for a period of less than 45 days during the registration year, the owner will be charge 2% of the amount of the rental payment for Colorado Ownership Tax payable to the Colorado County where the rental took place **(Colorado Ownership Tax is only charged on these specific vehicle if they are rented in Colorado)**. It will be the owner's responsibility to report and pay the 2% of the amount of the rental payment to Colorado.

List vehicles below that are rented for **less than 45 days in other states:**

CALIFORNIA IRP ACCOUNT NUMBER	YEAR OF REGISTRATION	TYPE OF APPLICATION <input type="checkbox"/> Renewal <input type="checkbox"/> Original <input type="checkbox"/> Supplement # _____
PLATE NUMBER	EQUIPMENT NUMBER	LAST 6 DIGITS OF VIN

The undersigned declares that the vehicles listed on this form were rented less than 45 days.

SIGNATURE	TITLE	DATE
X		



UTAH REDUCED FEE CERTIFICATION

INDIVIDUAL VEHICLE DISTANCE RECORDS (IVDRs)

Carrier Name:				Fleet No.:	
Driver's Name:			Departure Date:		Return Date:
Driver's Signature:			Origin:		Destination:
Tractor No.:			Odometer/Hubodometer Readings		Total Distance
Trailer No.:			Beginning Reading	Ending Reading	
Date	Jurisdiction	City	Routes/Highways Traveled	Odometer Readings at State Boarder	Distance By Jurisdiction
Total Distance Traveled					

Note: All distance generated by the fleet must be recorded (i.e., interstate, intrastate, local, loaded, and empty distance.)

(Rev. 8/05)

20

Note: The Total Distance by Jurisdiction (bottom row) must equal the sum of the fleet's Total Distance for the month (last column).

Registration Year 20 ____
July 1, 20 ____ thru June 30, 20 ____

[illegible]

Note: The Total Distance by Jurisdiction (bottom row) should equal the sum of the fleet's Total Distance for the year (last column).

YEARLY RECAP BY MONTH

Registration Year 20 ____
 July 1, 20 ____ thru June 30, 20 ____

Carrier Name: _____		Fleet No.: _____											
Month/Year	Jurisdictions												Total Distance
July/ 20 ____													
Aug.													
Sept.													
Oct.													
Nov.													
Dec.													
Jan. / 20 ____													
Feb.													
Mar.													
Apr.													
May													
June													
Totals													
													Grand Total

Note: The Total Distance by Jurisdiction (bottom row) must equal the sum of the fleet's Total Distance for the year (last column)

STATEMENT OF FACTS MOTOR CARRIER FLEET NAME CHANGE

VEHICLE IDENTIFICATION NUMBER (VIN)	MAKE	CALIFORNIA LICENSE PLATE NUMBER
ACCOUNT NUMBER	LICENSE YEAR	CARRIER NAME

Complete **Sections A and B**

**Section A
 Statement of Facts
 for Carrier Fleet**

CARRIER ADDRESS

- ☐ There has been a name change for this account number.
1. Does the name change also reflect a change of ownership? ☐ Yes ☐ No
2. Check one the the following:
- ☐ No change in the composition or operation of the fleet.
- ☐ A change in the composition or operation of the fleet was effective on _____
MONTH, DAY, YEAR

Please explain changes:

**Section B
 Certification and
 Signature**

I further agree to indemnify and save harmless the Director of Motor Vehicles, State of California, and subsequent purchasers of said fleet, for any loss they may suffer resulting from registration of the above described fleet in California, from issuance of a California certificate of ownership covering the same.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

COMPANY NAME		DAYTIME TELEPHONE NUMBER ()
DATE	AUTHORIZED SIGNATURE X	

**INTERNATIONAL REGISTRATION PLAN (IRP)
 CUSTOMER APPLICATION CHECKLIST
 (For applications listed below)**

ACCOUNT INFORMATION

IMPORTANT: Renewal applications **MUST** be sent directly to Headquarters. Every requirement (unless optional) listed on the reverse, and every fee listed for each application type must be fulfilled before operating credentials can be issued.

REGISTRANT'S BUSINESS NAME _____

LICENSE YEAR _____	IRP ACCOUNT NUMBER _____	SUPPLEMENT NUMBER _____
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FEE TABLE

SECTION NUMBER	TYPE OF APPLICATION	APPLICATION FEES	NUMBER OF ITEMS	TOTAL COST PER LINE
1	New Carrier or New Fleet	Estimate per Section 1 on reverse		\$
2	Vehicle addition	Estimate per Section 2 on reverse		\$
4	Vehicle deletion/addition	\$ 2 per vehicle for each replacement weight fee credit		\$
5	Weight increase	Estimate of fees per Section 5 on reverse		\$
6	Replacement plates	\$ 17 per vehicle		\$
6	Replacement cab card	\$ 17 per cab card		\$
6	Replacement sticker only	\$ 17 per sticker		\$
7	Jurisdiction add	Estimate per Section 7 on reverse		\$
1, 2, 6	New Carrier or New Fleet and vehicle addition	\$ 1 for reflectorized plates		\$
1, 2, 5, 6	New Carrier or New Fleet , vehicle addition, declared weight change, and replacement credential	\$ 3 per set of weight decals/or stickers		\$
1, 2, 3, 4, 5, 6, 7, 8	New Carrier or New Fleet and supplement	\$ 2 per application Administrative Service Fee		\$
1, 2, 4, 5, 6, 7, 8	New Carrier or New Fleet and supplement	\$ 2 per stickers, plates or cab card issued		\$

ESTIMATED TOTAL FEES DUE	\$
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DECLARATION AND SIGNATURE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME OF REGISTRANT OR REGISTRANT'S AUTHORIZED EMPLOYEE/AGENT _____	OCCUPATIONAL LICENSE NUMBER (FOR REGISTRATION AGENTS ONLY) _____	OCCUPATIONAL LICENSE EXPIRATION DATE _____
SIGNATURE OF REGISTRANT OR REGISTRANT'S AUTHORIZED REPRESENTATIVE _____		DATE _____

FOR DMV USE ONLY

OFFICE DATE LINE STAMP _____	CREDENTIALS TAKEN UP <input type="checkbox"/> Plates <input type="checkbox"/> Cab Cards <input type="checkbox"/> Sticker(s)	<input type="checkbox"/> REG 2126 issued _____ EXPIRATION DATE <input type="checkbox"/> No REG 2126 issued
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☐ **CHECK THE BOX(ES) TO INDICATE WHICH DOCUMENTS/OR FEES ARE BEING SUBMITTED**

SECTION 1: NEW CARRIER OR NEW FLEET

REQUIRED:

- Fees: Check appropriate box to indicate method used:
- ☐ Full 100% California fees, including county fees, **OR**
- ☐ *CA Apportioned Fees + Other Jurisdiction Fee (see requirement below) **OR**
- ☐ \$250 per vehicle per month **OR**
- ☐ \$300 per vehicle per month (only if purchase price is \$200,000 or more)
- ☐ Schedule A/B, Carrier Information, REG 2117 IRP.
- ☐ Schedule C, Vehicle Data, REG 2118 IRP.
- ☐ FHVUT Proof of payment or exemption.
- ☐ Agreement to prepare and maintain records, REG 522.

- ☐ Rent receipt or mortgage payment with business physical address.
- ☐ VIN Verification, unless exempt (see Chapter 4 of the IRP Handbook).
- ☐ IFTA Number or "Applied For" on Schedule A/B.
- ☐ US DOT Number on Schedule A/B.
- ☐ Taxpayer ID number (FEIN or SSN) on Schedule A/B

WHEN APPLICABLE:

- ☐ Commercial Driver License number on Schedule A/B for owner/operators
- ☐ Copy of Lease Agreement, (Owner-Operator)
- ☐ Registration Service Agent Authorization.

SECTION 2: VEHICLE ADDITION SUPPLEMENT

REQUIRED:

- Fees: Check appropriate box to indicate method used:
- ☐ Full 100% California fees, including county fees, **OR**
- ☐ *CA Apportioned Fees + Other Jurisdiction Fees (see requirement below) **OR**
- ☐ \$250 per vehicle per month **OR**
- ☐ \$300 per vehicle per month (only if purchase price is \$200,000 or more)

- ☐ Schedule C, Vehicle Data, REG 2118 IRP.
- ☐ FHVUT Proof of Payment or Exemption.
- ☐ VIN Verification, unless exempt (see Chapter 4 of the IRP Handbook).
- ☐ US DOT Number (person responsible for the safe operation of each vehicle)

WHEN APPLICABLE:

- ☐ Copy of Lease Agreement (Owner-Operators)

SECTION 3: VEHICLE DELETION SUPPLEMENT

REQUIRED:

- ☐ Schedule C, Vehicle Data, REG 2118 IRP.

- ☐ Deleted vehicle plates and cab card or statement of disposition.

SECTION 4: VEHICLE DELETION/ADDITION SUPPLEMENT

REQUIRED:

- ☐ All requirements under Sections 2 and 3 above.

REQUIRED: When applying for replacement weight fee credit:

- ☐ Fees: \$2 per weight fee credit per vehicle.

SECTION 5: WEIGHT CHANGE SUPPLEMENT

REQUIRED:

- ☐ Fee for weight difference due as described in Chapter 7 of the IRP Handbook AND

- ☐ \$10 per vehicle per jurisdiction
- ☐ Schedule C, Vehicle Data, REG 2118 IRP.
- ☐ FHVUT Proof of payment or exemption.

SECTION 6: REPLACEMENT CREDENTIAL SUPPLEMENT

TYPE:

☐ Plates

☐ Cab Cards

☐ Stickers

☐ Weight Decal/Sticker

REQUIRED:

- ☐ Fees: As listed under respective replacement credential on fee table on reverse.
- ☐ Schedule C, Vehicle Data, REG 2118 IRP.

WHEN APPLICABLE:

- ☐ Surrender remaining plates or statement of disposition.
- ☐ Surrender cab card or statement of disposition.
- ☐ Weight decal/sticker or statement of disposition.

SECTION 7: JURISDICTION ADDITION SUPPLEMENT

REQUIRED:

- Fees: Check appropriate box to indicate method used:
- ☐ Estimate per jurisdiction added, as described in Chapter 5 of the IRP Handbook OR
- ☐ \$50 per application and \$2 per fleet vehicle.

- ☐ Photocopy of Original or Renewal mileage Schedule
- ☐ New mileage Schedule A/B, REG 2117 IRP, with new jurisdictions and miles.
- ☐ Schedule C, Vehicle Data, REG 2118 IRP.
- ☐ Jurisdiction addition weight qualification form, REG 5018.

SECTION 8: NAME OR ADDRESS CHANGE SUPPLEMENT

REQUIRED for CHANGE OF REGISTRANT'S NAME:

- ☐ Fees: \$2 per application Administrative Service Fee and \$2 per fleet vehicle cab card fee.
- ☐ Schedule A/B, Carrier Information, REG 2117 IRP.
- ☐ Statement of Facts, REG 256 M.

REQUIRED for FLEET ADDRESS CHANGE/CORRECTION:

- ☐ Fees: \$2 per application Administrative Service Fee and \$2 per fleet vehicle cab card fee.
- ☐ Schedule A/B, Carrier Information, REG 2117 IRP.
- ☐ Submission of basing documents as described in Chapter 4 of the IRP Handbook.

***IMPORTANT:** A copy of a billing from the registrant or Registration Service Agent's system software that was utilized to calculate fees due for CA and other jurisdiction(s) must be submitted with the application before a temporary registration authorization will be issued.

PLEASE NOTE: Once a billing statement has been issued, subsequent operating temporary registration authorization or annual cab card will not be issued until the balance due is **PAID IN FULL**. The IRP Handbook is available on DMV's Web site at dmv.ca.gov. The IRP Operations telephone number is (916) 657-7971 and the fax number is (916) 657-6628.

